

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2014 JAN 28 AM 11:53

Office Use Only

FEC MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Farmers Mutual Hail Insurance Company of Iowa  
Political Action Committee

ADDRESS (number and street)

6785 Westown Parkway



Check if different  
than previously  
reported. (ACC)

West Des Moines

IA

50266-7727

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 1 1 7 6 1 4

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

SCOTT McEntee

Signature of Treasurer

*Scott McEntee*

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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**FEC FORM 3X**

Rev. 12/2004

14031163704

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Report Covering the Period:

From:

07 / 01 / 2013

To:

12 / 31 / 2013

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	2013	5132078
(b) Cash on Hand at Beginning of Reporting Period.....	5337961	
(c) Total Receipts (from Line 19) .....	639217	1201600
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	5977178	6333678
7. Total Disbursements (from Line 31) .....	1000000	1356500
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4977178	4977178
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Report Covering the Period:

From:

07 / 01 / 2013

To:

12 / 31 / 2013

## I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3 9 9 0 2 4

7 3 1 5 4 4

(ii) Unitemized.....

2 4 0 1 2 6

4 6 9 9 8 9

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

6 3 9 1 5 0

1 2 0 1 5 3 3

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

6 3 9 1 5 0

1 2 0 1 5 3 3

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

6 7

6 7

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

6 3 9 2 1 7

1 2 0 1 6 0 0

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

6 3 9 2 1 7

1 2 0 1 6 0 0

## Page 4

**COLUMN B**  
**Calendar Year-to-Date**

- 
- 6 5 0 0
- 6 5 0 0
- 1 1 5 0 0 0
- 2 0 0 0 0 0
- 1 3 5 6 5 0 0
- 1 3 5 6 5 0 0

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

## **III. Net Contributions/Operating Ex-** **penditures**

### **COLUMN A** **Total This Period**

### **COLUMN B** **Calendar Year-to-Date**

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) ..... ▶
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3).....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) ..... ▶

6 3 9 1 5 0						

1 2 0 1 5 3 3						
6 5 0 0						
6 5 0 0						

14031163708

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

<b>A. Property Casualty Insurers PAC</b> Mailing Address 2600 South River Road City Des Plaines, IL 60018-3286 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Date of Disbursement MM / DD / YYYY 07 / 11 / 2013 Amount of Each Disbursement this Period 200000 Category/ Type 011
--	--	---

<b>B. Crop Insurance and Reinsurance Bureau PAC</b> Mailing Address 201 Massachusetts Ave NE, Suite C-5 City Washington, DC 20002 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Date of Disbursement MM / DD / YYYY 08 / 06 / 2013 Amount of Each Disbursement this Period 500000 Category/ Type 11
---	--	--

<b>C. The Grassley Committee Inc.</b> Mailing Address PO Box 1000 City Des Moines, IA 50304 Purpose of Disbursement Contribution Candidate Name Chuck Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Disbursement MM / DD / YYYY 11 / 21 / 2013 Amount of Each Disbursement this Period 100000 Category/ Type 011
---	--	---

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

800000  
 800000

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 6

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name (Last, First, Middle Initial) <b>Rutledge, William, Aaron</b>		Date of Receipt <b>Payroll Deduction</b>
Mailing Address <b>1525 Prairie Ridge Dr.</b>		Amount of Each Receipt this Period <b>1 5 0 3 6</b>
City <b>Polk City, Iowa 50226</b>	State Zip Code	
FEC ID number of contributing federal political committee. <b>C 0 0 1 1 7 6 1 4</b>		
Name of Employer <b>Farmers Mutual Hail Ins. Co.</b>	Occupation <b>Claims Representative</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>2 7 5 6 6</b>	

B. Full Name (Last, First, Middle Initial) <b>Roggenburg, Darin</b>		Date of Receipt <b>Payroll Deduction</b>
Mailing Address <b>2035 134th Street</b>		Amount of Each Receipt this Period <b>6 1 0 8 0</b>
City <b>Clive, Iowa 50325</b>	State Zip Code	
FEC ID number of contributing federal political committee. <b>C 0 0 1 1 7 6 1 4</b>		
Name of Employer <b>Farmers Mutual Hail Ins. Co.</b>	Occupation <b>CFO FMH</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1 1 1 9 8 0</b>	

C. Full Name (Last, First, Middle Initial) <b>Rutledge, Shannon</b>		Date of Receipt <b>Payroll Deduction</b>
Mailing Address <b>2273 NE 88th Street</b>		Amount of Each Receipt this Period <b>5 3 7 1 2</b>
City <b>Altoona, Iowa 50009</b>	State Zip Code	
FEC ID number of contributing federal political committee. <b>C 0 0 1 1 7 6 1 4</b>		
Name of Employer <b>Farmers Mutual Hail Ins. Co.</b>	Occupation <b>SVP FMH</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>9 8 4 7 2</b>	

SUBTOTAL of Receipts This Page (optional)..... ▶

**1 2 9 8 2 8**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 6

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Farmers Mutual Hail Insurance Company of Iowa Political Action Committee**

Full Name (Last, First, Middle Initial) **Faga, Patrick**

Date of Receipt

Mailing Address

**735 Roosevelt Street**

**Payroll Deduction**

City

State

Zip Code

**Story City, Iowa 50248**

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

**C 0 0 1 1 7 6 1 4**

**5 2 2 0 0**

Name of Employer

**Farmers Mutual Hail Ins. Co.**

Occupation

**SVP FMH**

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

**9 5 7 0 0**

Full Name (Last, First, Middle Initial) **Johnson Kevin**

Date of Receipt

Mailing Address

**1783 Maple Ct.**

**Payroll Deduction**

City

State

Zip Code

**Winterset, IA. 50273**

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

**C 0 0 1 1 7 6 1 4**

**2 0 1 2 4**

Name of Employer

**Farmers Mutual Hail Ins. Co.**

Occupation

**VP Sales**

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

**3 6 8 9 4**

Full Name (Last, First, Middle Initial) **Ewart Larry**

Date of Receipt

Mailing Address

**15188 Bryn Mawr**

**Payroll Deduction**

City

State

Zip Code

**Clive, IA. 50325**

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

**C 0 0 1 1 7 6 1 4**

**3 9 6 6 0**

Name of Employer

**Farmers Mutual Hail Ins. Co.**

Occupation

**VP Claims**

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

**7 2 7 1 0**

SUBTOTAL of Receipts This Page (optional).....▶

**1 1 1 9 8 4**

TOTAL This Period (last page this line number only).....▶

14031163711



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 6

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Farmers Mutual Hail Insurance Company of Iowa Political Action Committee**

**A.**

Full Name (Last, First, Middle Initial)

**Krohn, Grant E.**

Mailing Address

**26818 N Avenue**

City

**Adel, IA 50003**

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C 0 0 1 1 7 6 1 4**

Name of Employer

**Farmers Mutual Hail Ins. Co.**

Occupation

**Asst VP Quality Control**

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

**2 9 9 8 6**

Date of Receipt

**PAYROLL DEDUCTION**

Amount of Each Receipt this Period

**1 6 3 5 6**

**B.**

Full Name (Last, First, Middle Initial)

**Lilgedahl, Kenneth J.**

Mailing Address

**8935 Lyndhurst**

City

**Johnson, IA 50131**

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C 0 0 1 1 7 6 1 4**

Name of Employer

**Farmers Mutual Hail Ins. Co.**

Occupation

**VP Operations**

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

**3 2 0 9 8**

Date of Receipt

**PAYROLL DEDUCTION**

Amount of Each Receipt this Period

**1 7 5 0 8**

**C.**

Full Name (Last, First, Middle Initial)

**Benes, David M**

Mailing Address

**609 SE Meadowlark Dr**

City

**Grimes, IA 50111**

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C 0 0 1 1 7 6 1 4**

Name of Employer

**Farmers Mutual Hail Ins. Co.**

Occupation

**State Supervisor**

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

**2 0 5 4 8**

Date of Receipt

**Payroll Deduction**

Amount of Each Receipt this Period

**1 1 2 0 8**

**SUBTOTAL** of Receipts This Page (optional).....

**4 5 0 7 2**

**TOTAL** This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 4 OF 6

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

Fischer, Steve

Date of Receipt

Payroll Deduction

Mailing Address

603 13th St. SE

City

State

Zip Code

Altoona, IA. 50009

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

3 9 6 0 0

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

VP FMH

Receipt For:

☐

Primary

☒

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

7 2 6 0 0

Full Name (Last, First, Middle Initial)

Tjeerdsma Bryant J.

Date of Receipt

Payroll Deduction

Mailing Address

8855 Kingman Dr

City

State

Zip Code

West Des Moines, IA 50266

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

1 2 9 1 2

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

AVP Crop Insurance UW

Receipt For:

☐

Primary

☒

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2 3 6 7 2

Full Name (Last, First, Middle Initial)

Anderson, Cindi

Date of Receipt

Payroll Deduction

Mailing Address

15934 Rosewood Court

City

State

Zip Code

Clive, IA 50325

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

1 1 9 4 0

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

AVP Compliance

Receipt For:

☐

Primary

☒

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2 1 8 9 0

SUBTOTAL of Receipts This Page (optional).....▶

6 4 4 5 2

TOTAL This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 6

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

Constance S. Doud

Date of Receipt

Payroll Deduction

Mailing Address

5200 Pond View Circle

City

State

Zip Code

Des Moines, IA 50317

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

1 2 0 1 2

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Senior R&D Analyst

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 2 0 2 2

Full Name (Last, First, Middle Initial)

Myron Hall

Date of Receipt

Payroll Deduction

Mailing Address

4102 NE 48th Street

City

State

Zip Code

Des Moines, IA 50317

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

1 1 3 8 8

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Software Devel III

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 8 7 8

Full Name (Last, First, Middle Initial)

Roger Haist

Date of Receipt

Payroll Deduction

Mailing Address

5037 Lakewood DR

City

State

Zip Code

Norwalk, IA 50211

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

1 2 1 6 8

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

SVP Underwriting

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 2 3 0 8

SUBTOTAL of Receipts This Page (optional)..... ▶

3 5 5 6 8

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 6

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial) Preston, Wade

Date of Receipt

Payroll Deduction

Mailing Address  
755 SE Murphy Drive

City State Zip Code

Waukee, IA 50263

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

1 2 1 2 0

Name of Employer  
Farmers Mutual Hail Ins. Co.

Occupation  
AVP IS P&C

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 2 2 2 0

Full Name (Last, First, Middle Initial)

Date of Receipt

Payroll Deduction

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

Name of Employer  
Farmers Mutual Hail Ins. Co.

Occupation

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

Payroll Deduction

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

Name of Employer  
Farmers Mutual Hail Ins. Co.

Occupation

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3 9 9 0 2 4

14031163716



Farmers Mutual Hail  
Insurance Company of Iowa  
6785 Westown Parkway | West Des Moines, Iowa 50266

Federal Election Commission  
999 E Street NW  
Washington DC 20463

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL<sup>®</sup>



7010 1670 0002 5805 6831



**CPU** U.S. POSTAGE  
PB 1P 000  
3661528  
FCML  
MAILED  
JAN 23 2014  
50266

\$6.510

RECEIVED

2014 JAN 28 AM 11:53

FED MAIL CERT

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
---	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 1/23/14
---	-----------------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
---	------------

<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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PREPARER  
(8/2013)

1/28/14  
DATE PREPARED

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